

APPLICATION FOR WAREHOUSE LICENSE

Return application and payment to:

DEPT OF INSPECTIONS AND APPEALS
FOOD & CONSUMER SAFETY BUREAU
LUCAS BLDG - 321 E 12TH ST
DES MOINES, IA 50319

Phone : (515)281-6538

License #	Exp Date :
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Date Of Application : _____

Type of Application : ☐ NEW ☐ RENEWAL

If new application, business opening date : _____

Has ownership changed since last license issued ? ☐ Yes ☐ No

If yes : Previous Owner : _____

Business Name : _____

Last License Number : _____

WATER SOURCE (check one) ☐ Public water supply

☐ Private Well

Name of Business : _____

Owner's Name : _____ Phone : _____

Physical Address : _____ County : _____

City : _____ State : _____ Zip : _____

Mailing address for all correspondence if different than above :

Street or Route : _____ Phone : _____

City : _____ State : _____ Zip : _____

Person-in-Charge : _____ Title : _____ Phone : _____

Ownership structure: Individual : _____ Partnership*: _____ Corporation*: _____

*(Complete next section for partners or corporate officers.)

Name : _____ Title : _____

Address : _____

City : _____ State : _____ Zip : _____

Name : _____ Title : _____

Address : _____

City : _____ State : _____ Zip : _____

License Fee Structure

License fees are based on the total gross sales or value of products processed or stored at this physical address on an annual basis. (Please check appropriate box below).

If highest fee is not selected, Tax or Certified Statement of total gross sales is required.

- ☐ \$67.50 WH \$1 TO \$50,000
☐ \$135.00 WH \$50,001 TO \$250,000
☐ \$202.50 WH \$250,001 TO \$500,000
☐ \$337.50 WH \$500,001 +
☐ \$0.00 EXEMPT

Establishment Type

Please check appropriate box.

- ☐ Dry
☐ Refrige
☐ Frozi
☐ Combination

Any change in Ownership Requires a New License. Licenses are **Not** Transferable.
Make Check or Money Order Payable to :

DEPT OF INSPECTIONS AND APPEALS

Signature of Applicant : _____

Title of Applicant : _____ Date : _____

FOR OFFICE USE ONLY

CK # : _____

\$: _____

CK Date : _____